

ODISHA UNIVERSITY OF TECHNOLOGY AND RESEARCH

Techno Campus, Mahalaxmi Vihar, Ghatikia, Bhubaneswar-751029.

Form No. OUTR-PhD-22/13.1.h

PART A: APPLICATION BY THE CANDIDATE FOR Ph.D. REGISTRATION

Sir/ Madam,

I have completed all the requirements for Ph.D. Registration (as indicated below) and request you to allot registration number for the Ph.D. programme.

1	Name of the Candidate	
2	Mobile No. and email	
3	Name of the School/ Department	
4	Category (Full Time/Part Time/	
	Executive)	
5	Enrollment No. & Date of	
	Enrollment	
6	Title of proposed Ph.D. Work	
7	Name of Supervisor	
8	Name of Co-Supervisor (if any)	
9	*Course work completion status	Completed
10	Residential requirements status	Completed/N.A.
11	Comprehensive Examination Status	CGPA:, Semester:, Attempt (1 st / 2 nd):

*Course work completion details:

Sl. No.	Name of Course	Code	Semester	Grade	Credit	
1						
2						
3						
4						
5						
6						
7						
8						
Total Credits Completed						
Total Credits Required						

Encl:

- 1. Copy of course completion certificate.
- 2. Copy of Fee receipts.

Date:	Full Signature of the Candidate



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PART B: RECOMMENDATION OF DSC FOR PH.D. REGISTRATION

Executive) Enrollment No. & Date of Enrollment Title of proposed Ph.D. Work Name of Supervisor Name of Co-Supervisor (if any) Course work completion status	1	Name of the Candidate				
4 Executive) 5 Enrollment No. & Date of Enrollment 6 Title of proposed Ph.D. Work 7 Name of Supervisor 8 Name of Co-Supervisor (if any) 9 Course work completion status Completed 10 Residential requirements status Completed/ N.A. 11 Comprehensive Examination Status CGPA:, Semester:, Attempt (1st/2md): Specific Recommendation: a) On successful completion of Ph.D. Registration Seminar held on, and assessment of suitability/ feasibility of the Plan and the capability/ preparedness of the candidate, the above candidate is hereby Recommended for issue of registration number for the Ph.D. program. OR b) On completion of Ph.D. Registration Seminar held on, and assessment of suitability/ feasibility of the Plan and the capability/ preparedness of the candidate, the above candidate is hereby asked to modify his/ her plan incorporating the suggestions made and resubmit it within (as recommended by DSC). (Member) (Member) (Member) (Member) (Member) (Member)						
Executive) Emrollment No. & Date of Enrollment Title of proposed Ph.D. Work Title of proposed Ph.D. Work Name of Supervisor Name of Supervisor (if any) Course work completion status Completed Completed/ N.A. Comprehending Comprehents (1st/ 2nd): Comprehending Comprehents (1st/ 2nd): Comprehending Comprehents (1st/ 2nd): Comprehending Comprehending Completion of Ph.D. Registration Seminar held on, and assessment of suitability/ feasibility of the Plan and the capability/ preparedness of the candidate, the above candidate is hereby Recommended for issue of registration number for the Ph.D. program. OR b) On completion of Ph.D. Registration Seminar held on, and assessment of suitability/ feasibility of the Plan and the capability/ preparedness of the candidate, the above candidate is hereby asked to modify his/ her plan incorporating the suggestions made and resubmit it within (as recommended by DSC). (Member) (Member) (Member) (Supervisor) (Co-Supervisor) (Chairperson, DSC)	3	•				
Enrollment No. & Date of Enrollment Title of proposed Ph.D. Work Name of Supervisor Name of Supervisor Name of Co-Supervisor (if any) Course work completion status Completed Completed N.A. Completed N.A. Completed N.A. Completed No. A. Completed No. And a steeped of the capability of the Plan and the capability of the Suitability of the Plan and the capability of the Plan and the capability of the Suitability of the Plan and the capability of the Plan and the capability of the Suitability of the Plan and the capability of the Suitability of the Plan and the capability of the Suitability of the Plan and the capability of the Suitability of the Plan and the capability of the Suitability of the Plan and the capability of	4					
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Name of Co-Supervisor (if any)	6	Title of proposed Ph.D. Work				
Course work completion status Completed	7	Name of Supervisor				
Residential requirements status Completed/ N.A.	8	Name of Co-Supervisor (if any)				
Comprehensive Examination Status CGPA:, Semester:, Attempt (1st/ 2nd):	9	Course work completion status				
Specific Recommendation: a) On successful completion of Ph.D. Registration Seminar held on	10	Residential requirements status	Completed/	N.A.		
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